Name in Full

Certificate of Death

Susie Virginia Attwood.

Died at Town: Potomac County: Montgomery MARYLAND

Date 1899 Month: Nov. Day: 6. Age Y: 2 M: — D: 9 Native of: Maryland. Occupation:

~~Male~~ Female ~~White~~ White ~~Married~~ Single ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Edward Attwood

Mother's Name Don't Know

Cause of Death: Primary Measles — How long sick Nine months

Immediate Tuberculosis

Accident, Suicide, Homicide

Reported by Edward Anderson M.D

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78708

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Angelina Cautino

Town

County

Died at Laytonsville Montgomery MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 9 Jan 23 Age 35 Md Farmer

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of

Wife

Father's Name James Cautino

Mother's Name

Arthur Lockman Sarah Scott

Cause of Death: Primary — Interstitial Nephritis — How long sick

Immediate — Cerebral Hemorrhage — Accident, Suicide, Homicide

Reported by Vernon & Dyson Bros

Address Laytonsville Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William H. Childs

Certificate of Death

Died at Town near Laytonsville County Montgomery MARYLAND

Date 1899 Month Jan. Day 18 | Age Y. 21 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name William H. Childs

Mother's Name Do not Know

Cause of Death: Primary A tree was thrown upon his head & crushed it in the brain | How long sick two hours & half

Immediate 142 W | Accident, ~~Suicide, Homicide~~

Reported by E. C. Etchison

Address Gaithersburg Montgomery Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full

Certificate of Death

Elizebeth Jane Coale

Town: Germantown County: Montgomery

Died at Germantown MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1896 1 - 10 Age - 3-28 Md —

~~White~~ ~~Black~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name Lloyd Coale

Mother's Name Anne Coale

Cause of Death: Primary Pneumonia 72 — How long sick 3 days

Immediate Acute Endocarditis.

~~Accident, Suicide, Homicide~~

Reported by I. N. Simpers. M. D.

Address Germantown, Md

Must be signed by physician, ~~if any in attendance, otherwise by coroner, undertaker or minister.~~

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Dorsey

Died at Ellicott Town / Montgomery County MARYLAND

Date 1899 Month Jan Day 18 Age Y. 3 M. D. Native of Md Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower Divorced Number of children living

Husband of Wife

Father's Name Moses Dorsey Mother's Name Aldah Logan

Cause of Death { Primary Pneumonia 72 How long sick 2 weeks

Immediate Accident, Suicide, Homicide

Reported by Richard F Gott M D

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Cornelia Dronenburg

Certificate of Death

Died at Town Hyattstown County Montgomery MARYLAND

Date 1899 Month Jan Day 23rd Age Y. 86 M. 3 D. 15 Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Andrew Dronenburg

Father's Name William Richards Mother's Name Mary Richards

Cause of Death Primary La Grippe 9 How long sick my attention 4 years

Immediate Lobular Pneumonia ~~Accident, Suicide, Homicide~~

Reported by A. L. Ransome M.D.

Address Hyattstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Catharine A Garrett

Died at Town: Rockville, County: Montgomery Co., MARYLAND

Date 1899 Month: Jan Day: 29 | Age Y.: 80 M.: 7 D.: 27 | Native of: Md. | Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of

Father's Name Wm Malin | Mother's Name Catharine Sands Malin

Cause of Death: Primary Senile debility. | How long sick Last ago [illegible] since [illegible] 98

Immediate Cardiac and respiratory failure | ~~Accident, Suicide, Homicide~~

Reported by Wm R Andrews, M.D.

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Emma T. Gray. Certificate of Death

Died at Town: Colesville County: Montgomery MARYLAND

Date 189 Month: Jan Day: 31" Age Y. 39 M. D. Native of Md. Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living 5

~~Husband of~~ Wife Samuel T. Gray

Father's Name Thos H. Offutt Mother's Name Evelina Offutt

Cause of Death: Primary Pneumonia 72 How long sick 8 days

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by N. J. Pratt. M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Thomas Holmes

Town

County

Died at Randolph Montgomery MARYLAND

Month Day Y. M. D.

Date 1899 January 2 Age 5 8 2

Native of New York

Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Number of children living 2

~~Husband~~ of

~~Wife~~

Father's Name —

Mother's Name

Cause of Death: Primary Grippe 9

Immediate Pneumonia

How long sick Fourteen days

~~Accident, Suicide, Homicide~~

Reported by E E Stonestreet

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full | Certificate of Death

May. Johnson

Died at Town: ashton | County: Montgomery | MARYLAND

Date 1899 | Month: 1 | Day: 10 | Age Y. – M. 6 – D. 4 | Native of: Maryland | Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female | Colored | Single | ~~Widower~~ | Number ~~of children~~ living

Husband of Wife

Father's Name: John Johnson | Mother's Name: Harriette Johnson

Cause of Death: Primary: Pneumonia | Immediate: Exhaustion | 72 | How long sick: 11 day

Accident, Suicide, Homicide

Reported by: Roger Brooke

Address: Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Susan Palfrey Lee

Died at Montrose (Town) (County) Montgomery MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	9	1	3	6	3		

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of -
Wife

Father's Name

Mother's Name

Cause of Death: Primary — La Grippe — How long sick 10. days.

Immediate — Accident, Suicide, Homicide

Reported by B. B. Benson

Address Rockeysville, Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full John W. Lynch Jr.

Certificate of Death

Died at Town Cabin John County Montgomery MARYLAND

Date 189 0 Month Jan Day 17th Y. 6 M. D. Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John W. Lynch Sr. Mother's Name Lucinda R. Lynch

Cause of Death { Primary Acute Catarrhal Laryngitis } How long sick 1 day

Immediate

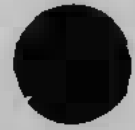
~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. J. Pratt. M.D. 8C

Address Potomac, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name in Full William Mansfield

Certificate of Death

Died at Town _____ County Montgomery MARYLAND

Date 1899 Month Jan Day 13 | Age Y. 21 M. — D. — | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Samuel Mansfield | Mother's Name Maggie Mansfield

Cause of Death | Primary Pneumonia | How long sick 9 days

Immediate Heart failure | Accident, Suicide, Homicide

Reported by A. M. Ray MD

Address Tenallytown D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Luther M. Offutt Jr. Certificate of Death

Died at Town Poolesville County Montgomery MARYLAND

Date 189 9 Month Jan Day 12 Age Y. 41 M. D. Native of Monty Co. Occupation Farmer.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Luther M. Offutt Sr. Mother's Name Phoebe E. Offutt

Cause of Death { Primary La Grippe 9 How long sick 11 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by W. J. Pratt M.D.

Address Poolesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William Offutt.

Certificate of Death

Died at Town: Rockville County: Montgomery

MARYLAND

Date 1899 Month: Jan. Day: 14 | Age Y. 23. M. 0 D. 0 | Native of: Rockville | Occupation: Laborer

Male 1 White Married 1 Widow Divorced

Female Colored 1 Single Widower Number of children living 1

Husband / Wife of: Don Know.

Father's Name: Regin Offutt. Mother's Name: Jane Offutt.

Cause of Death: Primary: Exposure

Immediate: Phthisis Pulmonalis

How long sick: 1 year

Accident, Suicide, Homicide

Reported by: Edward Anderson.

Address: Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Nettie Owen

Certificate of Death

Died at Olney (Town) Montgomery (County) MARYLAND

Date 1899 Month 11 — Day 8 | Age Y. 29 M. 3 D. 4 | Native of Maryland | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of children living~~

Husband of Wife

Father's Name: Edward Owen

Mother's Name: Nettie Owen

Cause of Death — Primary: Pneumonia 72 — How long sick: 7 days

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: Roger Brooke

Address: Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full | Certificate of Death

Mary Elizebeth Prater.

Died at Town: Germantown County: Montgomery MARYLAND

Date 1899 Month 1 Day 12 Age Y. 2 M. 1 D. 10 Native of Md ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name Henry Prater

Mother's Name Eizebeth Prater.

Cause of Death: Primary Pneumonia 72 — How long sick 4 days

Immediate Acute Endocarditis — ~~Accident, Suicide, Homicide~~

Reported by J. N. Simpson M.D.

Address Germantown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Ricketts

Died at Town: Rockville County: Montgomery MARYLAND

Date 1899 Month: Jany Day: 30 | Age Y. M. D.: 6 | Native of: Maryland | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ ~~7~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Wallace Ricketts

Mother's Name: Emma Ricketts

Cause of Death: ~~Primary~~ 49

Immediate: Convulsions

How long sick: 2 days

~~Accident, Suicide, Homicide~~

Reported by: E E Stonesheet M.D.

Address: Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Martha Shelton

Died at Town: Rockville — County: Montgomery — MARYLAND

Date 1899 — Month: Jan. — Day: 12 — Age: Y. 27 M. D. — Native of: Rockville — Occupation: —

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / Widower / ~~Number of children living~~

~~Husband~~ / Wife of —

Father's Name: Henry Shelton — Mother's Name: Maggie Shelton

Cause of Death — Primary: Bronchitis — How long sick: 3 days.

Immediate — Accident, Suicide, Homicide

Reported by: O. M. Linthicum

Address: Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. O. M. Lincheim

of Rockwell

[illegible] contained in this certificate re-

[illegible]

of

1899

Name in Full | Certificate of Death

Mrs. Henrietta A. Sullivan

Died at Town: Brookville, County: Montgomery MARYLAND

Date 1899 Month: 1 Day: 27 | Age Y. 51 M. 8 D. 14 | Native of: Md. | Occupation: House Keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

~~Husband~~ Wife w/ Artemus Sullivan

Father's Name: Jno. Shorts | Mother's Name: Elizabeth Shorts

Cause of Death: Primary: Pulmonary Tuberculosis | How long sick: About two years.

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by: W. F. Green, M.D.

Address: Brookville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Elenor Leroy Taylor

Town: Unity County: Montgomery MARYLAND

Died at

Date 1899 Month: Jan. Day: 4 | Age Y.: 0 M.: 3 D.: 2 | Native of: Md. | Occupation:

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / Widow / Widower / Divorced | Number of children living

Husband / Wife of

Father's Name: Sandford Taylor

Mother's Name: Ella C. Taylor

Cause of Death — Primary: Inherited Tuberculosis 22 f — How long sick: 2 months

Immediate: Acute General Tuberculosis — Accident, Suicide, Homicide

Mother's family full of Tuberculosis and she had Tuberculous Glands for several years.

Reported by: Augustus Stabler

Address: Brighton,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full

Certificate of Death

Leydia G. Thomas

Died at Town: Ashton County: Montgomery MARYLAND

Date 1899 Month: 1 Day: 4

Age Y. 86 M. 8 D. 5

Native of Penn

Occupation Housekeeper

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~

~~Number of children living~~ 5

~~Husband~~ Wife of Edward Thomas

Father's Name Joseph Gilpin

Mother's Name - Sarah Gilpin

Cause of Death: Primary Pneumonia. 72 — How long sick 6 weeks

Immediate Blood poison

Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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